

STANDARD CERTIFICATE OF DEATH

26702

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6598

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6443 Bradley 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 3
(d) Street No. 6443 Bradley
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from
Aug 26, 1935, to August 2, 1940
that I last saw him alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 5 years

Due to _____

Due to _____

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Universal Funeral Home (M. D. or other) MD
Address 3101 Sutter Ave Date signed 8.2.40
my personal file

3. (a) PRINT FULL NAME August W. Kuellmer 1156

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 24 hr. min.

9. Birthplace Hamburg, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER { 12. Name Unknown 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Kuellmer

(b) Address 6653 Fyler

17. (a) Burial (b) Date thereof 8-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cam.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 3 1940 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.